

**Client Questionnaire**  
**Section 1 - Basic Information**

**Part A. Name and Address**

Name: \_\_\_\_\_

Have you used any other names in the past eight years?  No  Yes

*If yes, please list other names used:*

Telephone Numbers\Email address:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Have you lived at this address for at least 180 days?  No  Yes

Have you lived at this address for at least 730 days (2 years)?  No  Yes

**If you answered no** to either of the questions above, please list your previous address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Part B. Name and Address of Spouse**

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: \_\_\_\_\_

Has your spouse used any other names in the past eight years?  No  Yes

*If yes, please list other names used:*

Telephone Numbers\Email address:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: *(enter only if different address)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If your spouse has a different mailing address, please list:

Mailing Address: *(enter only if different address)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Part C. Prior and/or Pending Bankruptcy Cases**

Have you filed a bankruptcy case in the last 8 years?  No  Yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business?

No  Yes

If yes, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

District (If known): \_\_\_\_\_

Judge (If known): \_\_\_\_\_

## Section 2 - Property

### Part A. Real Estate (Schedule A)

List **ALL** real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment(if owned)), additional residence (house, condo or apartment(if owned)), rental property, burial plot, undeveloped land and farm land:

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	If you are not the only owner: Please enter the % of the property you own?	Office Use Only Exemptions?
Address:	1. <i>Who is your mortgage company? (name and address)</i>  2. Approximately how much money is owed against your house?				
Address:	1. <i>Who is your second mortgage company, if any? (name and address)</i>  2. Approximately how much money is owed against your house on your second mortgage, if any?				

**If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.**

**Part B. Personal Property (Schedule B)**

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
1. Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes				
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes				
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes				
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p>USE THE SEPARATE ATTACHMENT CHECKLIST FOR THIS CATEGORY</p>			

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes				
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes				
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes				
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes				
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes				
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes				
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
13. Stock and interests in incorporated/unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes				
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes				
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes				
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes				
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes				
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes				
24. Customer List or other compilation	<input type="checkbox"/> No <input type="checkbox"/> Yes				
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes				
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes				
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes				
32. Crops: growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes				
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes				
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
35. Other personal property of any kind not listed.	<input type="checkbox"/> No  <input type="checkbox"/> Yes				

### Part A. Marital Status and Dependents

Please select your current Marital Status:

- Single
- Married
- Divorced
- Separated
- Widowed
- Common Law
- Unknown

Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

### Section 6 - Current Expenses

Do you and your spouse live separately and maintain separate households?  No  Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month:

1. Rent or Home Mortgage: \_\_\_\_\_ \$ \_\_\_\_\_

Does that amount include real estate taxes:  No  Yes

Does that amount include property insurance:  No  Yes

2. Utilities:

a. Electricity and heating fuel: ..... \$ \_\_\_\_\_

b. Water and sewer: ..... \$ \_\_\_\_\_

c. Telephone service/long distance: ..... \$ \_\_\_\_\_

d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

3. Home maintenance (including repairs and upkeep): ..... \$ \_\_\_\_\_

4. Food: ..... \$ \_\_\_\_\_

5. Clothing: ..... \$ \_\_\_\_\_

6. Laundry and dry cleaning: ..... \$ \_\_\_\_\_

7. Medical and dental expenses: ..... \$ \_\_\_\_\_

8. Transportation (do NOT include car payments): ..... \$ \_\_\_\_\_

9. Recreation and entertainment: ..... \$ \_\_\_\_\_

10. Charitable contributions: ..... \$ \_\_\_\_\_

11. Insurance NOT deducted from wages or included in home mortgage payments:

a. Homeowner's or renter's insurance: ..... \$ \_\_\_\_\_

b. Life insurance: ..... \$ \_\_\_\_\_

c. Health insurance: ..... \$ \_\_\_\_\_

d. Auto insurance: ..... \$ \_\_\_\_\_

e. Other insurance (describe and list monthly amount):

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

12. Tax bills NOT deducted from wages or included in home mortgage payments:

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

13. Installment payments for car, furniture, etc. (Describe):

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

14. Alimony, maintenance and support paid to others: ..... \$ \_\_\_\_\_

15. Payments for support of additional dependents not living at your home: ..... \$ \_\_\_\_\_

16. Regular expenses from operation of business, profession or farm: ..... \$ \_\_\_\_\_

17. Other expenses (Describe): (please see "Additional Expenses" below before putting anything here)

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

19. Describe any increase or decrease in expenses you expect to occur within the next year?

\_\_\_\_\_

**Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:**

**Additional Expenses (707(b) Expenses for Form 22)**

26. or 31. Mandatory payroll deductions not already listed:

_____	\$	_____
_____	\$	_____
_____	\$	_____

28. or 33. Court ordered payments not already listed:

_____	\$	_____
_____	\$	_____
_____	\$	_____

29. or 34. Education for employment or for a physically or mentally challenged child:\_\_\_\_\_

30. or 35. Child care (baby sitting, day care, nursery & preschool, etc.):\_\_\_\_\_

34b. or 39b. Disability Insurance (if not listed above):\_\_\_\_\_

34c. or 39c. Health Savings Account:\_\_\_\_\_

35. or 40. Care for elderly, chronically ill or disabled family members:\_\_\_\_\_

36. or 41. Protection from family violence:\_\_\_\_\_

38. or 43. Education expense for your children under 18:\_\_\_\_\_

55. (c13's) Non-mandatory contributions to retirement accounts (including loan repayments):

_____	\$	_____
_____	\$	_____
_____	\$	_____





Lawn Mower(s)						
Other:						

Total:

Total Value of all Household Goods

Date \_\_\_\_\_

Signature /s/ \_\_\_\_\_

Debtor

Date \_\_\_\_\_

Signature /s/ \_\_\_\_\_

Joint Debtor